



The Heart of Berkeley Lab

* Science for Health, Assistance, Resources, Education and Services

☐ Payroll deduction(s) for \$ _____ per month, effective January 2013
☐ One-Time payroll deduction for \$ _____ effective January 2013
☐ Check (attached) for \$ _____ = \$

Grand Total Annual

Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number, and/or agency name the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and Affiliates must total \$1 or more per pay period (\$12/year). Use ball point pen please!

Code	Agency Name	Monthly Gifts	Subtotal
 C-99 Community Health Charities of California	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 100 Bay Area Black United Fund	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 A-001 EarthShare California	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 10187 Global Impact	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 L2000 Local Independent Charities of America	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 United Way of the Bay Area	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$
 Berkeley Lab SHARES	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total pledges to Federation and Federation Affiliates	\$ _____	\$

Donor Choice Plan

To designate to an agency not listed, please enter your choice in this section. The agency must be a qualified tax-exempt organization.

Make checks payable to Community Health Charities of California. \$ _____ \$ _____

Agency _____

Address _____

City/State _____ Zip _____ Phone _____

Print Name _____ Signature _____ Date _____

Note: If you wish to be acknowledged by the Federation or Agency of your choice, please complete the following information:

Home Address _____ City _____ Zip _____

Email _____ Work Phone _____